

## ***Title X Program Priorities***

- Expansion of an enhancement of the quality of clinical reproductive health services through partnerships with entities that have related interests and that work with similar priority populations;
- Increased emphasis on services to adolescents, including emphasis on postponement of sexual activity and more accessible provision of contraceptive counseling and services;
- Increased services to hard-to-reach populations by partnering with community-based-organizations and other that have a stake in the prevention of unintended pregnancy;
- Expansion of comprehensiveness of reproductive health services, including STD and cancer screening and prevention, HIV prevention, education and counseling, and substance abuse screening and referral; and
- Increased services to males, emphasizing shared responsibility for preventing unintended pregnancy and STD/HIV infection.

## **INSERT IN APPLICATION KIT LETTERS**

This program is also subject to the Public Health System Reporting Requirements. Under these requirements, the all community-based, non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions. Community-based non-governmental applicants are required to submit the information as described in the enclosed documents to the head of the appropriate State and/or local health agencies in the area(s) to be impacted, no later than the Federal application receipt due date.

### **PUBLIC HEALTH SYSTEM IMPACT STATEMENT (PHSIS)**

#### **REPORTING REQUIREMENTS**

Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted, no later than the Federal application receipt due date:

- a. A copy of the face page of the application (SF 424)
- b. A summary of the project (PHSIS), not to exceed one page, which provides:
  - (1) A description of the population to be served;
  - (2) A summary of the service to be provided;
  - (3) A description of the coordination planned with the appropriate State or local health agencies.

**GRANTS PROCESS POLICY NOTICE 97-03**

**GUIDELINES FOR GRANT APPLICATION  
PREPARATION**

**TITLE X FAMILY PLANNING SERVICES PROGRAM**

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## GUIDELINES FOR GRANT APPLICATION PREPARATION

### GENERAL INSTRUCTIONS

This document establishes policies and procedures for grant applications for the Title X Family Planning Services Program. These instructions are applicable to public and nonprofit private entities applying for funds for the establishment and operation of voluntary family planning projects.

In efforts to streamline the grants management process for the Family Planning Services Program a standard set of instructions has been developed to assist applicants/grantees in applying for new, competing continuation, and noncompeting continuation funding.

The focus of the application is to document and prioritize need and to clearly describe the applicant's unique and comprehensive approach to meeting this need. No one section of an application stands alone. Each section supports and justifies other sections of the application.

These instructions are to be used in conjunction with the Program Guidelines for Project Grants for Family Planning Services (hereafter referred to as *Program Guidelines*.)

This document provides supplemental guidance for application form PHS 5161-1 (Revised 5/96) by prescribing application requirements for Family Planning Services. The sequence of the application and information/data for inclusion are specified.

Each application will be reviewed in accordance with the policies and procedures described in Grants Process Policy Notice (GPPN) 97-02, *Review Policies and Procedures for Title X Family Planning Services Program*. Competing applications will be measured against the *Review Criteria for Title X Family Planning Services* as described in GPPN 97-04.

The application must provide detailed information in the program work plan for the full project period (not to exceed five years).

Exhibits are included as **sample formats** to provide important data. Use the narrative section to provide critical information that is not on the exhibits, but which helps to explain and justify applications.

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All the required information should be provided in the sequence described in these instructions. The number of pages has not been restricted. However, applicants should present the information in a **concise, succinct** manner. Appendices should not be used to extend the narrative of the application.

Applicants are advised to work closely with their regional program staff and grants management during the development of their applications.

**This policy is in effect for applications requesting fiscal year 1998 funds and will remain in effect until revised.**

**NEW AND COMPETING CONTINUATION APPLICATIONS**

**APPLICATION SUBMISSION**

Prepare the program narrative statement in accordance with these instructions for all new and competing continuation applications. The program narrative should be concise and complete. Supporting documents should be included where they can present information clearly and succinctly. Cross referencing should be used rather than repetition.

All new and competing continuation applications must be submitted 120 days prior to the requested budget start date.

All copies of all applications must be submitted to the Office of Grants Management. An **original and two copies are required**. However, three additional copies will facilitate the review process. Grantees should submit applications to the appropriate Grants Management location as follows:

**REGIONS: I, II, III and IV**

**Grants Management Specialist for  
Family Planning Services  
DHHS/Region IV/OPA/OGM/FP  
Atlanta Federal Center  
61 Forsyth Street, Suite 5B95  
Atlanta, GA 30303-8909  
Phone: 404-562-7902  
Fax: 404-562-7899  
Email: [jfaizi@hrsa.dhhs.gov](mailto:jfaizi@hrsa.dhhs.gov)**

**REGIONS: V, VI, VII, VIII, IX, and X**

**Grants Management Officer  
Office of Grants Management for  
Family Planning Services  
DHHS/REGION VI  
1301 Young Street, Room 766  
Dallas, TX 75202  
Phone: 214-767-3401  
Fax: 214-767-3425  
Email: [mpickett@hrsa.dhhs.gov](mailto:mpickett@hrsa.dhhs.gov)**

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### **APPLICATION SEQUENCE**

SF 424 - PHS 5161-1 (Revised 5/96)  
SF 424B - Standard Assurances  
HHS 690 - Assurance of Compliance with Title VI (New)  
Standard Certifications  
Title X Assurance of Compliance (Exhibit C)  
Table of Contents  
Progress Report (Competing continuation)  
Needs Assessment  
Organization and Management  
Program Work Plan  
Clinical Management  
Community Education/Outreach  
Evaluation and Quality Assurance Assessment  
National Priority Project  
Financial Management  
Budget Information 424A, Sections A-F  
Exhibits

### **APPLICATION STYLE**

Type single-spaced in standard size black type on 8 1/2 x 11 paper that can be photocopied (12-15 c.p.i.)

Use conventional border margins

Print on one side only

Do not use photo reductions

Do not submit oversized documents, posters, videotapes, cassette tapes, or other materials which cannot be photocopied; and

Number pages sequentially starting with the Table of Contents

Do not use color print or graphics

Do not use spiral bound or glued binders

Figures, charts, tables, figure legends, and footnotes may be smaller in size but must be clear and readily legible. Computer-generated facsimiles may be submitted for any of the forms provided in this packet. Such substitute forms should be printed in black ink. They must maintain the exact wording and format of the government printed forms, including all captions and spacing.



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### **INTERGOVERNMENTAL REVIEW**

The Family Planning Services Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100, Intergovernmental Review of Federal Programs. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs.

Applicants (other than federally-recognized Indian tribal governments) should contact their Single Point Of Contact (SPOC) as early as possible to alert them to the prospective application and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State.

The due date for State process recommendations is 60 days after the appropriate Federal application receipt due date.

### **PUBLIC HEALTH SYSTEM REPORT REQUIREMENTS**

Under these requirements (approved by the Office of Management and Budget, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions. Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date.

- 1) A copy of the face page of the application (SF 424)
- 2) A summary of the project, not to exceed one page, which provides:
  - a) A description of the population to be served,
  - b) A summary of the services to be provided, and
  - c) A description of the coordination planned with the appropriate State and local health agencies.

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### A. PROGRESS REPORT

A progress report must be included in competing continuation applications.

The report should evaluate progress against the program work plan in achieving the stated objectives for the previous budget year. Explain how the objectives were achieved. Analyze the reasons that objectives were not achieved and/or were substantially achieved. Summarize the impact of the annual objectives on achieving the long term objectives.

Report on any other significant activities, accomplishment, or setbacks that have been undertaken or have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial happenings as well as agency events.

This section should contain a discussion of the grantee's use of any special Title X funding. The discussion should include the activities and outcomes accomplished.

### B. NEEDS ASSESSMENT

For more information on this section, refer to the *Program Guidelines*, Part I, Section 3.2.

1. Provide a **geographic** description of the service area. Discuss seasonal or topographic factors if they impact on the availability of and accessibility to services.
2. Provide a **demographic** description of the service area and populations proposed to be served. Demographic statistics should be included if the information impacts access to or delivery of family planning services. Examples of data presented **could include but not be limited to** birth rates, fertility rates, teen pregnancy rates, IMR, LBW, women in need, race/ethnicity, and special populations. The data should be an integral part of the family planning needs assessment, and should be reflected in the development of the program work plan. Identify sources of all data.
3. Describe any **high priority populations** and/or target areas proposed to be served.

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4. Describe **existing resources** for the provision of family planning services in the service area.
5. Identify **statewide or community resources** and networks related to reproductive health including inter- and intra-agency linkages. Describe the relationship with these organizations.
6. Summarize the **unmet family planning needs** and describe why the needs are not being met.

### C. ORGANIZATION, ADMINISTRATION & MANAGEMENT

For additional information on this section, refer to the *Program Guidelines*, Part I, Sections 5 and 6.

#### 1. ORGANIZATIONAL STRUCTURE

Applicants should provide:

- a) A brief description and history of the organization
- b) New applicants must include proof of nonprofit status, including IRS 501(c)(3) certification, if applicable.
- c) New applicants must include articles of incorporation and bylaws, if applicable. Competing continuations should submit updates to bylaws, if applicable.
- d) Describe the organizational structure for program management.
- d) Attach an organizational chart and describe the location of the Title X program within the organizational structure.
- f) Private nonprofit organizations provide a list of governing board and/or advisory board members that identifies expertise and population represented (nonprofit organizations).

#### 2. PROGRAM STRUCTURE

An umbrella agency should discuss the number and types of delegate agencies and/or contract providers participating in the program. A copy of the standard contract between the applicant and the delegate agencies must be included.

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### **3. MONITORING OF DELEGATE AGENCIES AND/OR CONTRACT PROVIDERS**

Applicants should describe their:

- a. internal systems in place for assuring that delegate agencies or contract providers are in compliance with the Title X statute and the contract with the applicant;
- b. policy concerning on-site reviews, the number, manner, and frequency of the reviews; the scope of the review, etc.;
- c. internal reviews to assure delegate agency compliance (e.g. expenditure reports, funding requests, budget reviews, internal medical audit reviews, protocol reviews, etc. Describe the type of reviews, frequency, and the applicant's expectation of the delegate; and
- d. procedures for assuring or requiring that delegate agency personnel receive continuing education or training on Title X related topics.

### **4. PERSONNEL POLICIES**

Applicants should briefly describe their personnel policies dealing with staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, grievance procedures, confidentiality of personnel records, and conflict of interest.

Describe the policy and procedures for employee orientation and in-service training.

Applicants submitting competing continuation applications should describe any updates or revisions of their personnel policies.

### **5. POSITION DESCRIPTIONS AND BIOGRAPHICAL SKETCHES** of key personnel should be included in the application. (For example, project director, operations director, medical director, fiscal director, etc.)

### **6. BILINGUAL SERVICES**

Describe the provision of bilingual services based on the needs assessment, if appropriate.

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### **D. PROGRAM WORK PLAN**

This program work plan is meant to be an ongoing monitoring and evaluation tool for the grantee and the regional office. The program work plan must include long term goals and objectives for the life of the project period requested (not to exceed five years), and short term goals and objectives (one year or less).

The program areas to be addressed should include:

- **Administrative**
- **Clinical**
- **Community education and outreach**
- **Family involvement**
- **Financial Management**

The applicant should engage in a realistic planning process as goals and objectives are developed. Do not be hesitant to extend the horizons of project activities by identifying objectives that may be difficult to achieve but within project skills and resources. Fear of failure to achieve those objectives should not prevent one from identifying objectives that will further the goals of the organization. If situations or circumstances upon which the objectives are based change, making them impossible to achieve, mid-course adjustments to the program work plan should be made.

It is important, however, that the grantee clearly note the changes in the program work plan when adjustments are made.

The evaluation process should be such that, when objectives are either not met or considerably over-achieved, the reasons are both apparent and addressed in subsequent progress reports.

The grantee should avoid setting objectives over which it has limited control or that are too minimal to be realistic. The program work plan should reflect activities supported in the budget. The budget request should support the proposed program work plan items.

The following outline suggests a format for developing the program work plan. (See Exhibits D & E for sample formats.) Other formats are acceptable as long as the information is complete.

**1. PROBLEM/NEED STATEMENTS**

Problem/Need Statements are clearly and specifically defined descriptions of major needs or problems, quantified where possible. The problem/need statements should tie into and flow from the overall project description. For example, such statements in the plan may address:

- a. Needs of the target population
- b. Problems of a specific service
- c. Needs of a specific population (teens)
- d. Specific health problem (STD)

**2. GOALS**

Goals are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs or problems and are usually long term.

**3. OBJECTIVES**

Objectives are descriptions of desired, measurable, time-limited results or outcomes. They can be used to identify an acceptable level of performance or establish criteria for evaluation.

**4. ACTION STEPS**

Action steps are the major activities that must occur to accomplish an objective - critical actions that must be taken to attain the measurable outcome or end result.

**5. DATA**

Identify the kinds of data to be collected and maintained.

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### **E. CLINICAL MANAGEMENT**

For more information on this section, refer to the *Program Guidelines*, Part II, Sections 7 through 11. The applicant should address the following areas in the manner which services are being delivered, as a direct service provider or as an umbrella organization with delegate agencies.

#### **1. SERVICE SITE INFORMATION**

Service Site information should be presented in tabular form. This information includes: delegate agency/service site identification, location, service area, office hours, clinic hours, number of users as reported on last Family Planning Annual Report and number of users projected for the budget period. The number of users reported/projected should be at the delegate agency level. See **Exhibit A** for sample format.

##### **a) Hours of Operation**

On Exhibit A provide days and hours of operation for each location including hours of provider clinics if different from the hours of operation. Clinic hours refer to the times medical services are available; office hours are the hours that the clinic sites are actually open.

##### **b) Direct Care Providers**

Briefly summarize the current state laws regarding requirements for Advanced Practice Nurses and Physician Assistants used in the program.

##### **c) Facilities**

On a map, provide locations of all delegate agencies and satellite sites. Discuss the availability of facilities to the target population. Describe accessibility of services to physically challenged individuals.

#### **2. SERVICE PLANS AND PROTOCOLS**

Describe the services provided at the initial visit, annual revisits, and other revisits.

Describe the process for development, approval and updating of protocols.

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### 3. **SERVICES** (See Part II, Sections 7.3, 7.4, 8.1-8.9, 9.1-9.4, 10.1-10.3)

Provide information on services provided at each service site and indicate if services are: direct, on-site; direct, off-site; paid referral; provided by central grant administration; or not provided. Complete **Exhibit B** for each of the delegate agency/service sites.

Provide a brief explanation for any required service that is not provided directly by the applicant ("directly" in this context meaning subsidized by Title X).

Describe the applicant's standards for the provision of emergency and after hours coverage.

Describe the clinical tracking system for follow-up and referral.

For umbrella agencies with services provided by delegates, **items below may be presented as the minimal standards acceptable to the applicant** rather than a thorough description of services within each delegate agency.

### 4. **LABORATORY SERVICES** (See Part II, Sect. 8.3 and 11.1)

Describe the policy for lab services including quality assurance procedures. Describe policy for obtaining services beyond the scope of the on-site lab. Describe the criteria used for the selection of outside contract lab (e.g. price, certification, and other quality assurance measures).

### 5. **PHARMACY SERVICES** (See Part II, Sect. 11.2)

Describe the provision of pharmacy services including a summary of the State's laws with respect to the provision of this service.

### 6. **HIV SERVICES**

Include a description of the HIV services offered.

### 7. **MEDICAL RECORDS** (See Part II, Section 11.3)

Briefly describe the policies and procedures covering the maintenance of the medical records system, including confidentiality and release of records.



**8. HUMAN SUBJECTS**

When applicable, provide evidence of compliance with Human Subjects Clearance (Research) requirements.

**9. CLIENT EDUCATION & COUNSELING**

Describe educational and counseling services provided to clients, provisions to assure informed consent and confidentiality.

Provide evidence of compliance with regulations on sterilization procedures.

Provide assurance that those requesting information on for the management of an unintended pregnancy are given non-directive counseling on the following alternative courses of action, and referral upon request:

- Prenatal care and delivery
- Infant care, foster care, or adoption
- Pregnancy termination.

**10. PROFESSIONAL CREDENTIALS AND LICENSURE**

Describe procedures to ensure professional credentials and licensure are appropriately addressed and documented.

**F. COMMUNITY EDUCATION/OUTREACH**

For additional information on this section, refer to the *Program Guidelines*, Part I, Section 6.9-6.12.

**The applicant should describe:**

1. Opportunities for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and persons in the community knowledgeable about the community's need for family planning services.
2. The structure of the Information and Education Review Committee and its role/function in the family planning program.
3. The evaluation process and approval guidelines used by the information and education committee to review materials.
4. Program promotional activities and community education efforts based on needs of target population.

**G. EVALUATION AND QUALITY ASSESSMENT & ASSURANCE**

**The applicant should describe:**

1. The evaluation system and plan to assess, at a minimum, the quality of care provided to clients and determine its success or failure in meeting goals and objectives.
2. The process to assess client satisfaction.

**H. FINANCIAL MANAGEMENT**

For additional information on this section, refer to the *Program Guidelines*, Part I, Sections 5.5 and 6.3.

Applicants should provide a brief description of the financial management systems with effective controls and accountability for all funds, property and other assets; and which safeguard all such assets and assure they are used solely for authorized purposes.

**1. BILLING AND COLLECTIONS**

- a) Describe the billing and collections process with reference to the specific elements in section 6.3 of the *Program Guidelines*.
- b) Describe how the sliding fee scale is developed, the process by which the fees for services are set, and the frequency with which fees are updated.
- c) Describe the client intake process including an explanation of how often the client financial information is updated.
- d) Indicate whether or not a written agreement is currently in place where reimbursement is available from Title XIX (Medicaid).

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### **2. FINANCIAL AUDIT**

The applicant should:

- a) Discuss the status of the most recent financial audit, including the date of completion, time period covered by the audit, and the date submitted to the DHHS/Office of the Inspector General (OIG).
- b) Discuss any exceptions noted by the audit and any findings noted in the management letter. This discussion should include all remedial action taken or planned.
- c) Describe the procedures in place to obtain and review current audits and management letters of the delegate agencies and review any actions taken as a result of those audits.

### **3. INSURANCE PROGRAM**

The applicant should describe:

- a) the insurance program including property, casualty, professional liability, fidelity bonding, and directors' and officers' coverage, and
- b) the procedures for determining adequate insurance coverage for the delegate agencies.

### **I. BUDGET INFORMATION**

The budget request should support the proposed program work plan. Items required by the plan should be budgeted, and the program work plan should in turn reflect activities supported by the budget.

#### **Budget Summary, SF 424A, Section A**

This section must be completed by all applicants. All continuations should report estimated unobligated balances of Title X funds.

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### **Budget Categories, SF 424A, Section B**

This section is a summary of all budget calculations and information for the budget period. Use Column 1 for the basic Title X program budget.

### **Non-Federal Resources, SF 424A, Section C**

The applicant should include realistic revenue projections that reflect actual sources of income for the project. These should include income from Title XIX, Title XX, Maternal and Child Health grants through the states or counties; other state, county and local funds; Bureau of Primary Health Care; third party payors; patient revenue; and cash and in-kind contributions.

Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, and license fees and royalties on patents and copyrights.

### **Other Budget Information, SF424A, Section F**

Indirect cost rates budgeted for the applicant and delegates should be in accordance with the indirect cost agreement allowing such costs. The grantee must have an indirect cost agreement or an accepted cost allocation plan with DHHS or other cognizant Federal agency in order to claim indirect costs. Grantees are encouraged to develop their own indirect cost policies for delegate agencies **and** to enforce them.

Provide on additional pages, expense information that includes further detail by object class. If there are budget items for which costs are shared with other programs, the basis for the allocation of costs should be explained.

The budget justification must be provided in sufficient detail to support one-step below the object class category level, as described below.

The budget categories are to reflect **applicant** proposed costs:

#### **1. PERSONNEL AND FRINGE BENEFITS**

- a) Identify each key position (e.g., project or program director, executive director, medical director, fiscal director)

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- b) Provide the names of each person identified as occupying key positions and the annual salary, if the position is vacant, so state.
- c) Provide a listing of all remaining filled and vacant positions, percentage of time allocated, and projected salaries.
- d) Itemize the components that comprise the fringe benefits rate (e.g., health insurance, FICA, SUTA, life insurance, retirement plan).

### **2. TRAVEL**

Identify purposes of travel. Costs can be aggregated by category, numbers of staff and trips (e.g. project director meetings, site evaluations, training).

### **3. EQUIPMENT**

List only those equipment items costing \$5,000 or more per unit. Items costing less than \$5,000 can be aggregated by category (e.g., medical, office, etc.)

### **4. SUPPLIES**

Categorize supplies according to type -- medical, lab, pharmacy, contraceptive or office. Funds proposed for NORPLANT and DMPA should be listed separately.

### **5. CONTRACTUAL**

List all delegate agencies and/or contract providers and the amounts allocated to each. Provide a description of the methodology used to allocate the funds.

### **6. OTHER**

Itemize all costs in this category and explain in sufficient detail to enable allowability determinations to be made. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, printing, dues, subscriptions, and audit related costs would fall under this category. Funds allocated for sterilization should be listed separately.

## **NONCOMPETING CONTINUATION APPLICATIONS**

### **GENERAL INSTRUCTIONS**

These instructions are applicable to existing grantees and provide guidance on the preparation of noncompeting continuation applications. The noncompeting continuation application should be viewed as an opportunity to:

- Review and evaluate the current program from a clinical, financial and administrative perspective to assure that the objectives, policies and procedures are consistent with the scope and purpose of the grant program, and
- Demonstrate that the previously identified needs of the population continue to be addressed in an organized and realistic fashion, assuring a program of high quality.

No one section of the application stands alone. Each section supports and justifies other sections of the application. Exhibits A and B should be included to provide important **updated** information only on services provided and service sites.

The noncompeting continuation application will address changes that have occurred or changes that are proposed for the coming budget period. Change in scope means significant changes in the scope of the project as described by the grantee in the grant application and approved by the awarding office. This does not mean that every activity change represents a change in scope.

Supporting documents should be included where they can present information clearly and succinctly. Cross referencing should be used rather than repetition.

### **Application Sequence**

SF424 (PHS 5161-1, Revised 5/96)  
SF424B - Standard Assurances  
Certifications  
Title X Assurance of Compliance  
Table of Contents  
Progress Report  
Program Work Plan  
Budget Information (SF 424A)  
Exhibits

All noncompeting continuation applications must be **submitted no later than 90 days prior to the established budget start date**.

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Please refer to the general instructions for new and competing continuation applications (pages 3-5) for information on the following:

1. Application Submission Points
2. Application Style
3. Intergovernmental Review
4. Public Health System Report Requirements

### **A. PROGRESS REPORT**

Evaluate progress against the work plan in achieving the stated short-term objectives for the previous budget year. Explain how the objectives were achieved. Analyze the reasons that objectives were not achieved and/or where progress substantially exceeded expectations.

Evaluate the annual objectives as they relate to achieve the long-term objectives. Summarize the impact of the annual objectives on achieving the long-term objectives. Is the achievement of the annual objectives leading to the achievement of the long term-objectives.

Report on any other significant activities, accomplishments, or setbacks that have been undertaken or have occurred in the current budget period but were not part of the plan. These should include legislative, and/or judicial happenings as well as agency events. This section should contain a discussion of the grantee's use of any special Title X funding. The discussion should include activities and outcomes accomplished.

### **B. PROGRAM WORK PLAN**

The program work plan is an ongoing monitoring and evaluation tool for the grantee and the regional office.

The program work plan must address any additions, deletions, and changes to the long-term objectives contained in the latest competing application.

Please refer to the Program Work Plan instructions in the New and Competing Continuation portion of this document on page 9 for further information.

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### **C. BUDGET INFORMATION**

Please refer to the Budget Information instructions in the New and Competing Continuation portion of this document on page 15 for further information.

### **D. EXHIBITS**

Exhibit A - Service Site Information (for areas where information has been updated)

Exhibit B - Services Provided (for areas where information has been updated)

Exhibit C - Title X Assurance of Compliance



## SERVICES PROVIDED

## Exhibit B

Delegate Agency or Service Site:

SERVICES	1, 2, 3, 4, 5
A. Client Education and Counseling	
1. Informed Consent	
B. History	
1. Physical Assessment	
2. Lab Testing	
C. Fertility Regulation	
1. Barrier	
2. IUD	
3. Oral Contraception	
4. Norplant	
5. DMPA	
6. NFP	
7. Fertility Awareness	
8. Sterilization	
D. Infertility Services	
1. Level 1	
E. Pregnancy Diagnosis/Counseling	
F. Sexually Transmitted Disease Testing (Specify: )	
G. Sexually Transmitted Disease Treatment	
G. HIV Services	
H. Identification of Estrogen-Exposed Offspring	
I. Minor Gyn Problems	
J. Health Promo/Disease Prevention	
K. Special Gyn Procedures	
L. Other Services (Specify):	

1 = Direct Service, on-site

3 = Paid referral

5 = Not provided

2 = Direct Service, off-site

4 = Provided by central grant administration

**TITLE X ASSURANCE OF COMPLIANCE**

\_\_\_\_\_ assures that it will:  
(Name of Organization)

1. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
2. Provide services in a manner which protects the dignity of the individual.
3. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
4. Not provide abortions as a method of family planning.
- Provide that priority in the provision of services will be given to persons from low income families.

Further:\_\_\_\_\_ certifies that it will:  
(Name of Organization)

1. Encourage family participation in the decision of the minor seeking family planning services.
2. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

*From Part 59--Grants for Family Planning Services, Subpart A, Section 59.5(a) 2, 3, 4, 5, and 6.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

## INSTITUTIONAL FILES

Institutional files provide a central repository for general information of continuing value about organizations which are receiving federal grant funds.

The material contained in the institutional file will not be required in grant applications for existing grantees. Existing grantees have the responsibility to assure that the most current documents are submitted to the Regional Office. Once an institutional file is established, the grantee will submit updates as appropriate.

The following materials should be **submitted to the appropriate Regional Office** to be placed in the institutional file:

- Articles of Incorporation or other
- State approval of nonprofit corporation status
- IRS Certification of 501(c)(3) status
- Corporate Bylaws
- Project Administration Policy and Procedures Manual
- Clinical Policy and Procedures Manual
- Personnel policies

Updates to the above documents should be **submitted to the appropriate Regional Office**.

The following materials **must be available on site for review**:

- Billing and Collection policies
- Schedule of Charges
- Sliding Fee Scale
- Accounting Policies, Chart of Accounts, Procedures
- Nurse Practice and Physician Assistant Practice Acts
- Procurement Policies
- Travel Policies

## Grants Process Policy Notice 97-03

EXHIBIT H      Revised 03/12/99

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Revised 08/98

## SAMPLE PROGRAM WORK PLAN - FORMAT A

<b>PROBLEM/NEED: Infant mortality rate in service area is 4th in the state. The incidence of low birth weight in the service area is twice the national average. Recent study showed strong correlation between inadequate nutrition and low birth weight in the population served.</b>				
Goal, Objective	Key Action Step	Data Source and Eval.Methods	Progress	Comments
<p>A. Reduce the incidence of LBW</p> <p>A1. To increase the percentage of pregnant users enrolled in WIC from 20% to 50% by Jan. 1999.</p>	<p>A1.a. Establish an on-site WIC program.</p> <p>A1.b. Institute perinatal home visiting program as outreach for potential WIC clients.</p>	<p>A1. Review of WIC records, MIS system data and prenatal records for change in enrollment.</p>	<p>A1. New objective as of May 1997.</p>	<p>A1. Target of 50% enrollment if health educator leaves.</p>
<p>A2. By Jan. 2000, reduce the incidence of late entry to prenatal care (after 1st trimester) from 36% (current) to 25%.</p>	<p>A2.a. Establish teen pregnancy support group at school health project.</p>	<p>A2. Review of patient records (prenatal and health education section) and MIS system data for earlier entry to care.</p>	<p>A2.a. Teen advisory council for school health center has adopted plan for support group.</p>	

## SAMPLE PROGRAM WORK PLAN - FORMAT B

**Type of Objective: FINANCIAL MANAGEMENT**

**GOAL:** By 12/31/2000, improve financial management of delegate agencies.

OBJECTIVE	ACTIVITY	PERSON(s) RESPONSIBLE	BEGIN/END DATES	EVALUATION
A. By 6/30/98, and ongoing, adhere to line item budgets.	1. Negotiate line-item budgets within available funding as determined by funding formula, projected fee collections, and projected expenditures.  2. Include budget within contracts with non-profit agencies.	Administrator	3/98 6/98	Line-item budgets included in contracts
B. By 12/31/98, and ongoing, complete an annual review of the financial statements and practices.	1. Determine audit requirements.  2. Conduct on-site review of financial accounting practices according to identified requirements.	Administrator Fiscal Officer  Administrator Fiscal Officer		

**FAMILY PLANNING PROGRAM  
SERVICE SITE INFORMATION**

DELEGATE AGENCY	CITY	SERVICE AREA	OFFICE HOURS	CLINIC HOURS 1/	NUMBER OF USERS LAST FPAR/PROJECTED

1/ Times of day/days of month that medical provider clinics are held.

2/ Number of users should be reported/projected at the delegate agency level for umbrella agencies.



**Grants Process Policy Notice 97-03**  
**SAMPLE FORMAT**

**EXHIBIT G**

**PROGRESS REPORT**

GOAL	OBJECTIVE	PROGRESS

**GRANTS PROCESS POLICY NOTICE 97-04**

**REVIEW CRITERIA**

**FOR**

**TITLE X FAMILY PLANNING SERVICES PROGRAM**

**REVIEW CRITERIA  
TITLE X FAMILY PLANNING SERVICES PROGRAM**

The attached pages include criteria to be used by the Objective Review Committee (ORC) members to determine the adequacy and merit of applications requesting Federal assistance under the Title X program.

The ORC serves in an advisory capacity to provide advice to awarding officials based on the independent evaluation of the technical merits of grant applications reviewed. This advice takes the form of written recommendations for approval, deferral, or disapproval of each application before the ORC. Committee recommendations are transmitted to the awarding official as part of the materials considered by him/her in making award decisions.

Under no circumstances should committee members discuss the review with or advise applicants of their recommendations or committee deliberations.

The Title X Family Planning Services Objective Review Report will be prepared by the Primary Reviewer and brought to the review meeting in writing and on 3.5" disc. The Primary Reviewer will be responsible for updating this report based on deliberations and decisions of the committee. The Primary Reviewer/ORC Summary Report will include an evaluation of the progress report, including progress on NPSI projects.

The Chairperson will ensure that the report reflects the committee's actions.

The Secondary Reviewer will also complete this report in writing and bring to the meeting. All reviewers will complete the Reviewer Scoring Sheet for each application being reviewed.

In recommending special conditions of award please be aware that all conditions must be consistent with appropriate requirements of the standard provisions required by statute, regulations, and policies.

Special conditions are additional terms and conditions that are judged necessary to attain the objectives for which the grant is being made, facilitate postaward administration of the grant, conserve grant funds, or otherwise protect the interest of the Federal Government.

## **Grants Process Policy Notice 97-04**

**The NGA shall not contain lengthy conditions designed to amend or clarify substantive matters improperly or inadequately addressed in the application, nor reiterate policies or regulatory material contained in the standard provisions.**

**Advisory comments are suggestions to be conveyed to the grantee or for program staff to consider in managing the grant.**

**This policy is in effect for applications requesting fiscal year 1998 funds and will remain in effect until amended or rescinded.**

**PRIMARY REVIEWER/  
OBJECTIVE REVIEW SUMMARY REPORT**

**TITLE X FAMILY PLANNING SERVICES**

<b>Grantee/Applicant:</b>	<input type="checkbox"/> Competing continuation  <input type="checkbox"/> New
<b>Funds Requested: \$</b>	<b>Grant Number:</b>
<b>Project Period Requested:___ Years</b>	<b>Reviewer:</b>

**BRIEF OVERVIEW/DESCRIPTION OF THE ORGANIZATION:**

**DISCUSSION OF STRENGTHS AND WEAKNESSES:** (For competing continuation applicants, include an evaluation of the progress report including progress on NPSI projects as appropriate.)

**RECOMMENDATION:** (Approval, Disapproval, Deferral)

**RECOMMENDED CONDITIONS OF AWARD:**

**ADVISORY COMMENTS:**

**Primary Reviewer:**\_\_\_\_\_

**Secondary Reviewer:**\_\_\_\_\_

\_\_\_\_\_  
**Chairperson (signature)**

\_\_\_\_\_  
**Date**

**OBJECTIVE REVIEW**

**SUMMARY RATING SHEET**

Regardless of overall recommendation given an application, it is important that each criteria be rated separately.

<b>Unacceptable</b>	<b>Poor</b>	<b>Good</b>	<b>Excellent</b>
<b>Under 75</b>	<b>75-104</b>	<b>105-134</b>	<b>135-150</b>

<b>CRITERIA</b>	<b>TOTAL POINTS POSSIBLE</b>	<b>RATING SCORE</b>
<b>A. Needs Assessment</b>	<b>18</b>	
<b>B. Organization, Administration and Management</b>	<b>24</b>	
<b>C. Program Work Plan</b>	<b>15</b>	
<b>D. Clinical Management</b>	<b>51</b>	
<b>E. Community Education/Outreach</b>	<b>15</b>	
<b>F. Evaluation and QAA</b>	<b>6</b>	
<b>G. Financial Management</b>	<b>21</b>	
<b>TOTAL</b>	<b>150</b>	

**Excellent:            90% x 150 = 135**

**Good:                70% x 150 = 105**

**Poor:                 50% x 150 = 75**

**Unacceptable: Under 75 points.**

REVIEWER SCORING SHEET

Criteria # A - Needs Assessment

Scoring range:

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
-----------	-----------	-----------	----------------

The projects most effectively promoting the purpose of Title X give priority to high risk and low income clients. Depending on the scope of the individual project, special efforts should be made to reach such groups as minorities, teenagers, male partners, non-English speaking, the handicapped, etc. The application should include:

- \_\_\_\_\_ 1. Description of the area to be served (state-wide, county-wide, census tracts, approximate square miles, barriers to service, etc.)
- \_\_\_\_\_ 2. Demographic analysis of service area population provided (age, groups, sex, ethnicity, race, income, urban/rural characteristics, transient, etc.).
- \_\_\_\_\_ 3. Analysis of other relevant data (e.g., infant mortality, LBW, birth rate, adolescent pregnancy rate, maternal mortality, mortality/morbidity rates from various indicators, i.e., cervical and breast cancer, sexually transmitted infections, etc.).
- \_\_\_\_\_ 4. Identification of problems requiring solution and a description as to why the needs are not being met.
- \_\_\_\_\_ 5. Description of statewide or community similar existing resources and networks related to reproductive health including inter- and intra-agency linkages. Describe the relationship with these organizations in the target area.
- \_\_\_\_\_ 6. Justification for choice of target area and description of it related to foregoing items (should include estimated % of low-income, Medicaid, teens, etc.)

18 Total Points Possible

\_\_\_ Total Points Received

## Grants Process Policy Notice 97-04

### Criteria # B - Organization, Administration and Management

#### Scoring Range:

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
-----------	-----------	-----------	----------------

The applicant should provide a brief description and history of the organization and describe organizational structure for program management.

All projects should have written policies which describe administrative procedures, personnel policies, job responsibilities, requirements and qualifications. The racial/ethnic mix of project staff should reflect the racial/ethnic mix of target areas.

The application should include:

- \_\_\_ 1. A current organizational chart of the applicant and the family planning component.
- \_\_\_ 2. Job descriptions, including qualification standards for key staff. Biographical sketches for key personnel.
- \_\_\_ 3. Availability of bilingual staff for education and counseling where there is a significant number of non-English speaking clients.
- \_\_\_ 4. A description of the project staff training plan based on identified needs and priorities.
- \_\_\_ 5. A description of the procedure for evaluation and review of the job performance of all project personnel conducted annually.
- \_\_\_ 6. A copy of the standard contract between the applicant and delegate agencies
- \_\_\_ 7. Identification of the number and type of delegate agencies and/or contract providers.
- \_\_\_ 8. Description of internal systems in place for assuring that delegate agencies or contract providers are in compliance with Title X requirements.

24 Total Points Possible

\_\_\_ Total Points Received



Criteria C - Work Plan

Scoring Range:

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
-----------	-----------	-----------	----------------

The program plan is the primary means by which the applicant presents realistic, time framed and measurable objectives. The plan should present each objective in quantifiable terms and describe the methodology and time frame for accomplishment.

There must be short-term and long-term objectives when the applicant requests a multiple year project period. The plan should address the following areas: administrative; clinical; community education and outreach; family involvement; and financial management. The application should include:

- \_\_\_\_\_ 1. Program objectives based on needs described in the needs assessment.
- \_\_\_\_\_ 2. Realistic program objectives, measurable and time framed. Outcome measures for the project period are identified.
- \_\_\_\_\_ 3. The methodology for meeting program objectives is adequate and appropriate.
- \_\_\_\_\_ 4. An evaluation component which regularly assesses and measures the progress made toward attaining each specific objective. Procedures for resolving problems in the achievement of objectives are identified.
- \_\_\_\_\_ 5. Methodology and standards to be used for evaluation of objectives are described.

15 Total Points Possible

\_\_\_ Total Points Received

## Grants Process Policy Notice 97-04

### Criteria D - Clinical Management

#### Scoring Range:

<b>NONE</b> <b>0</b>	<b>POOR</b> <b>1</b>	<b>GOOD</b> <b>2</b>	<b>EXCELLENT</b> <b>3</b>
-------------------------	-------------------------	-------------------------	------------------------------

Family planning medical services are provided by a physician or mid-level practitioner. Services/functions include client counseling, physical assessment of clients, prescribing and dispensing of drugs and contraceptive supplies, treatment of minor infections, lab testing and referral, as indicated, to other providers and agencies.

Title X projects must provide accurate and unbiased information relevant to family planning so that the client is able to make an informed and individual choice about a family planning method.

The application should include:

- \_\_\_ 1. Schedules of office and clinic hours and services at the clinic site.
- \_\_\_ 2. Description of medical services offered to family planning clients is appropriate for the target population; and all required services are available on site or by referral.
- \_\_\_ 3. Description of process to ensure professional credentials and licensure are appropriately addressed and documented.
- \_\_\_ 4. Description of process for development, approval and updating of protocols.
- \_\_\_ 5. Description of policy for lab services, including quality assurance procedures.
- \_\_\_ 6. Description of provision of pharmacy services, including a summary of State's laws with respect to provision of this service.
- \_\_\_ 7. Description of the HIV services offered; and the level of these services is appropriate to the target population needs.
- \_\_\_ 8. Description of policy and procedure for the management of medical records which is in accordance with accepted medical standards.
- \_\_\_ 9. A description of referral and follow-up systems.

## **Grants Process Policy Notice 97-04**

### **Criteria D cont. page 2**

- \_\_\_\_ 10. Description of plans for the management of on-site medical emergencies and non-medical emergencies.**
- \_\_\_\_ 11. Evidence of compliance with Human Subjects Clearance (Research) requirements and when applicable description of current projects.**
- \_\_\_\_ 12. Provision for educational sessions for patients prior to selection of a contraceptive method.**
- \_\_\_\_ 13. Provision for educational and consulting services for clients, either directly or through referral.**
- \_\_\_\_ 14. Assurance that the Title X project is not counseling, referring or steering clients for abortions.**
- \_\_\_\_ 15. Description of policy to ensure family involvement in the provision of services for adolescents.**
- \_\_\_\_ 16. Evidence that the Title X plan is in compliance with current regulations regarding sterilization procedures.**
- \_\_\_\_ 17. Description of provisions to assure informed consent and confidentiality.**

**51 Total Points Possible**

**Total Points Received**

## Grants Process Policy Notice 97-04

### Criteria E - Community Education and Outreach

#### Scoring Range:

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
-----------	-----------	-----------	----------------

Title X projects should make provision for informational and educational programs designed to achieve, at a minimum, community understanding of services and promote continuing participation in the project by persons to whom family planning services may be beneficial. The application should include:

- \_\_\_ 1. A plan for community information which informs residents of the availability of services and promotes community understanding of the benefits of family planning.
- \_\_\_ 2. Evidence that the community information program is based on a needs assessment of the target area.
- \_\_\_ 3. Description of the approaches used in outreach and client recruitment.
- \_\_\_ 4. An evaluation component which regularly assesses and measures the progress of information and education activities of the project.
- \_\_\_ 5. Evidence of collaboration between various levels, governmental, public and private organizations.

15 Total Points Possible

\_\_\_ Total Points Received

## **Grants Process Policy Notice 97-04**

### **Criteria F - Program Evaluation and Quality Assurance Assessment (QAA)**

#### **Scoring Range:**

<b>NONE</b> <b>0</b>	<b>POOR</b> <b>1</b>	<b>GOOD</b> <b>2</b>	<b>EXCELLENT</b> <b>3</b>
-------------------------	-------------------------	-------------------------	------------------------------

Each Title X project should have an evaluation system and plan in place to assess, at a minimum, the quality of care provided to clients and determine its success or failure in meeting goals and objectives. The application should include:

- \_\_\_ 1. Description of the QAA program, both internal and for delegate agencies or contracted providers which is adequate and appropriate.
- \_\_\_ 2. Description of the procedure to assess client satisfaction.

  6   **Total Points Possible**

    **Total Points Received**

## Grants Process Policy Notice 97-04

### Criteria G - Financial Management

#### Scoring Range:

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
-----------	-----------	-----------	----------------

Grantees must maintain a financial management system with effective controls over and accountability for all funds, property and other assets. Grantees must adequately safeguard all such assets and assure they are used solely for authorized purposes.

Procedures for charges, billing and collection must follow the standard set out in 6.3 of the Title X *Program Guidelines*.

The application should include:

- \_\_\_ 1. Budget that is reasonable and adequate to meet the goals and objectives of the project.
- \_\_\_ 2. Staffing pattern that is realistic, appropriate and adequate to carry out the goals and objectives of the project.
- \_\_\_ 3. Description of the financial management policies and procedures, including contracting arrangements, responsible personnel, etc.
- \_\_\_ 4. Description of adequate procedures for patient billing and collecting.
- \_\_\_ 5. Description of sliding fee scale development, process for setting fees for services and frequency of updates.
- \_\_\_ 6. Agreements with third-party payors (Title XIX, Insurance, State, etc.) are appropriate and adequately described.
- \_\_\_ 7. Issues of malpractice insurance coverage are appropriately addressed and documented.

21 Total Points Possible

\_\_\_ Total Points Received

**SECONDARY REVIEWER SUMMARY**

<b>Grantee/Applicant:</b>	<input type="checkbox"/> <b>Competing continuation</b>  <input type="checkbox"/> <b>New</b>
<b>Funds Requested: \$</b>	<b>Grant Number:</b>
<b>Project Period Requested:___ Years</b>	<b>Reviewer:</b>

The Secondary Reviewer should summarize strengths and weaknesses of the application. This summary is to be prepared in writing and copies brought to the ORC meeting.

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March 15, 1999

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## **Wyoming**

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## **TERRITORIES**

### **Guam**

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### **Puerto Rico**

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Chairwoman/Director  
Puerto Rico Planning Board  
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Minillas Government Center  
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### **Northern Mariana Islands**

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Please direct all questions and correspondence  
about intergovernmental review to:

Ms. Jacoba T. Seman,  
Federal Programs Coordinator  
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FAX: (670) 664-2272

### **Virgin Islands**

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Please direct all questions and correspondence  
about intergovernmental review to:

Daisey Millen  
Telephone: (809) 774-0750  
FAX: (809) 776-0069

If you would like a copy of this list faxed to your office,  
please call our publications office at: (202) 395-9068.

\* In accordance with Executive Order #12372,  
"Intergovernmental Review of Federal Programs," this  
listing represents the designated State Single Points of  
Contact. The jurisdictions not listed no longer  
participate in the process ***BUT GRANT APPLICANTS  
ARE STILL ELIGIBLE TO APPLY FOR THE  
GRANT EVEN IF YOUR STATE, TERRITORY,  
COMMONWEALTH, ETC. DOES NOT HAVE A  
"STATE SINGLE POINT OF CONTACT."  
JURISDICTIONS WITHOUT "STATE SINGLE  
POINTS OF CONTACTS" INCLUDE:*** Alabama;  
Alaska; American Samoa; Colorado; Connecticut;  
Kansas; Hawaii; Idaho; Louisiana; Massachusetts;  
Minnesota; Montana; Nebraska; New Jersey; Ohio;  
Oklahoma; Oregon; Palau; Pennsylvania; South  
Dakota; Tennessee; Vermont; Virginia; and  
Washington.

This list is based on the most current information  
provided by the States. Information on any changes or  
apparent errors should be provided to the Office of  
Management and Budget and the State in question.  
Changes to the list will only be made upon formal  
notification by the State. Also, this listing is published  
biannually in the Catalogue of Federal Domestic  
Assistance.

DEAR APPLICANT:

Effective January 1, 1999, when submitting an application, please include the correct (verified)

Congressional District/Districts on the SF 424, Application for Federal Assistance, in block 14.

Confirmation of the Congressional District/Districts for your organization can be obtained by logging on to the Internet website, [www.rollcall.com](http://www.rollcall.com), Hill Directory; go to "find your representative", and enter your zip code.

It is imperative that the correct Congressional District/Districts be included on the SF 424. The staff of the Congressional Liaison Office (CLO) previously did verification of this information.

However, due staff reductions, CLO will no longer check the accuracy of the Congressional District/Districts as provided by the Grants Management staff.

Your elected officials must receive notification when Federal funds are awarded to their constituency. In addition, we have been informed that we should include the nine-digit zip code on all grant correspondence. Please provide your nine-digit zip code on the SF 424, item 5, applicant address.

If you have questions, contact this office at (214) 767-3490.

# N-O-T-I-C-E

1. Please provide us with the name, title, and address of the Project Director if not the same as the Authorized Representative signing the application.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

NINE-DIGIT ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CC MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

2. Please provide us with the name, title, and address of your Business Manager.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

NINE-DIGIT ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CC MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

3. Please provide us with the name, title, and address (other than the Project address) of the highest level “Authorized Official.”

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

NINE-DIGIT ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CC MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

INSTRUCTIONS: BEFORE SUBMITTING YOUR GRANT APPLICATION, PLEASE REVIEW THE FOLLOWING LIST.

APPLICATION SUBMISSION REQUIREMENTS

ORIGINAL SIGNED APPLICATION PLUS TWO COPIES

**NEW TITLE X - FAMILY PLANNING APPLICATIONS**

SF 424 - PHS 5161-1 (REVISED 5/96)  
 SF 424B - STANDARD ASSURANCES  
 HHS 690 - ASSURANCE OF COMPLIANCE WITH TITLE VI (NEW)  
 STANDARD CERTIFICATIONS - PHS 5161-1, PAGES 17,18,19  
 CHECKLIST, PHS 5161-1, PAGE 25,26  
 TITLE X ASSURANCE OF COMPLIANCE (EXHIBIT C)  
 TABLE OF CONTENTS  
 PROGRESS REPORT (COMPETING CONTINUATION)  
 NEEDS ASSESSMENT  
 PROGRAM WORK PLAN  
 CLINICAL MANAGEMENT  
 COMMUNITY EDUCATION/OUTREACH  
 EVALUATION AND QUALITY ASSURANCE ASSESSMENT  
 NATIONAL PRIORITY PROJECT  
 FINANCIAL MANAGEMENT  
 BUDGET INFORMATION AND SF424A, SECTION A-F  
 EXHIBITS

THE ORIGINAL AND TWO COPIES OF YOUR APPLICATION FOR <b>REGIONS I, II, III &amp; IV</b> should be submitted	FOR ASSISTANCE IN PREPARATION OF THIS APPLICATION, CONTACT:
TO <b>DEPT. OF HEALTH &amp; HUMAN SERVICES</b> <b>OFFICE OF POPULATION AFFAIRS</b> <b>Family Planning Services/Grants Management Office</b> <b>Atlanta Federal Center</b> <b>61 Forsyth Street, S.W. - Suite 5B95</b> <b><u>ATLANTA, GA 30303-8909</u></b>	GRANTS: <b>JUNE FAIZI</b>  PHONE: <b>404-562-7902</b>

THE ORIGINAL AND TWO COPIES OF YOUR APPLICATION FOR <b>REGIONS V, VI, VII, VIII, IX &amp; X</b> should be submitted	FOR ASSISTANCE IN PREPARATION OF THIS APPLICATION, CONTACT:
TO <b>DEPT. OF HEALTH &amp; HUMAN SERVICES</b> <b>OFFICE OF POPULATION AFFAIRS</b> <b>Family Planning Services/Grants Management Office</b> <b>1302 Young Street</b> <b>Room 766</b> <b>Dallas, Texas 75202</b>	GRANTS: <b>MAUDEEN PICKETT</b>  PHONE: <b>214-767-3401</b>